

**PART I** 

Honolulu

**LOBBYIST** 

**HAWAII STATE ETHICS COMMISSION** 

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org





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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

NAME(Last)	(First)	(Middle)	TELEPHONE			
SCHWIND	PAUL	J.	521-4717			
MAILING ADDRESS (Street)			FAX			
700 Bishop Street, Suite 1928			536-0132			
(City)	(State)	(Zi	(Zip Code)			
Honolulu	HI	90	96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE			
MAILING ADDRESS (Street)			FAX			
(City)	(State)	State) (Zip Code)				
DADT II ODCANIZATION						
PART II ORGANIZATION  NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE			
LAND USE RESEARCH FOUNDATION OF HAWAII			521-4717			
MAILING ADDRESS (Street)			FAX			
700 Bishop Street, Suite 1928			536-0132			
(City)	(State)	(Z	(Zip Code)			
Honolulu	HI		96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE			
Paul J. Schwind			521-4717			
MAILING ADDRESS (Street)	A CONTROL OF THE CONT		FAX			
700 Bishop Street, Suite 1928			536-0132			
(City)	(State)	(Z	ip Code)			

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96813

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PART	III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EX	PECT TO LOBB	Y		
					·		
[ x ]	Agriculture	[ ] Education	[ ] Hu	man Services	[ ]	Science, Technology & Economic Development	
[ ]	Communications & Public Utilities	[ x ] Government Operations & Finance		ergovernmental Relati ernational Affairs	ons, [x]	Tourism & Recreation	
[ ]	Consumer Protection & Commerce	[ x ] Hawaiian Affairs	[ ] Lat	bor & Employment	[ x ]	Transportation	
[ x ]	Culture, Arts, Historic Preservation	[ ] Health		anning, Land & Water e Management	[ ]	Other: (indicate below)	
[ x ]	Ecology, Energy Environmental Protection	[x] Housing	[ ] Pul	blic Safety & Correction	ns		
PART	IV CERTIFICATION	N OF LOBBYIST					
			2 42 442 42		-1		
111	lereby certify that the	information furnished above i	s, to the be	est of my knowied	ige, correct	and complete.	
	Ta. V.	X7/110012	_	3/	12/03	,	
	1	(Signature of Lobbyist)			(Date)		
(qaie)							
PART	V AUTHORIZATIO	N TO LOBBY					
NAME			TITLE OF	AUTHORIZING OFF	ICER OR PER	SON REPRESENTED	
	NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED						
Harry S	Harry Saunders President						
NAME	OF ORGANIZATION (if app	plicable)			TELEPHONI	E	
Land Use Research Foundation of Hawaii			521-4717				
					02, 47, 17		
MAILIN	G ADDRESS (Street)				FAX		
700 Diahan Ofrast Cuita 1000							
700 BIS	hop Street, Suite 1928				536-0132		
10	City)	(State)		(7in	Code)		
		(State) (Zip Code)					
Honolul							
l h	nereby ayıthorlize the a	bove - named person to enga	ige in lobby	ying activiti <b>¢</b> s on	behalf of the	e undersigned.	
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_	(6:	Ab a similar officer at D	4 1\	_ 3(12)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	(Signature of Au	thorizing Officer or Person Represe	ntea)	V (	(Date)		